

PLUMBING PERMIT APPLICATION

City of Grinnell, Iowa

Applicant to complete numbered spaces only.

1. JOB ADDRESS					
LEGAL DESCR	LOT NO.	BLK.	TRACT		
2. OWNER		MAILING ADDRESS		PHONE	
3. CONTRACTOR		MAILING ADDRESS		PHONE	
4. ARCHITECT		MAILING ADDRESS		PHONE	
5. ENGINEER		MAILING ADDRESS		PHONE	
6. USE OF BUILDING:					
7. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE					
8. DESCRIBE WORK:					
VALUATION		PERMIT FEE			
<div>-----</div> <div>Signature of Contractor or Authorized Agent Date</div> <div>-----</div> <div>Signature of Owner (If Owner is Builder) Date</div>					
WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT					
PERMIT FEE	ADD. FEES & PENALTIES	TOTAL FEES	VALIDATION	DATE	RECEIPT #